



# ADOPTION APPLICATION

Date:	Name of pet interested in:	Species:	<input type="checkbox"/> Dog	<input type="checkbox"/> Cat
Age of Animal :	Sex:	Breed:		
Color(s):				

## Applicant and General Household Information

### ***Applicant Information***

Your Name:			
Street Address:	City:	State:	Zip:
Email Address:			
Home Phone:	Work Phone:	Cell Phone:	

### ***Co-Applicant Information***

Name:
Address: (if different from applicant)
<p>I will complete this application honestly. I understand that the omission of information and/or failure to answer all questions can result in this application being declined. If an omission or untruth is discovered after an adoption occurs, I understand and accept that the Community Pet Center has the right to revoke the adoption and reclaim the pet. <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

### ***General Information***

How long have you been at your current address?	
Type of Residence: <input type="checkbox"/> House/Mobile Home/Duplex <input type="checkbox"/> Apartment <input type="checkbox"/> Condo	
Do you own or rent your home? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
If you rent, can you provide written permission from your landlord to own a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Rental Complex Name and Address:	
Manager/Landlord Name:	Phone number:
Current Housing Location: <input type="checkbox"/> City Limits <input type="checkbox"/> Outside City Limits	
Type of Street:	Speed Limit:
Where will pet live?    Inside only <input type="checkbox"/> Outside only <input type="checkbox"/> Mostly inside <input type="checkbox"/> Mostly outside <input type="checkbox"/>	
Where will the pet spend nights? <input type="checkbox"/> Inside <input type="checkbox"/> Outside	
Will you allow the pet to roam free?    Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, where?
How many hours per day will the pet be alone?	Where will the pet stay when left alone?
Please describe the activity Level of your home:	<input type="checkbox"/> Busy (visits by friends, meetings, children, parties at home) <input type="checkbox"/> Noisy(TV, stereo, machinery, tools, children playing ,dogs barking) <input type="checkbox"/> Moderate (normal comings and goings) <input type="checkbox"/> Quiet (homebodies, few guests)
In the absence of the primary caregiver, who will care for the pet?	
What will you do with the pet when you travel?	

***Pets are worth saving!***

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